Mail Form To:
Admissions & Registration
SY CC 201
P.O. Box 19000
Portland, OR 97280-0990

Consent to Release Confidential Information

Portland Community College

Admissions & Registration
Phone: 971-722-8888, Option 2
Sylvania Fax: 971-722-4988
Rock Creek Fax: 971-722-7419
Cascade Fax: 971-722-5410
Southeast Fax: 971-722-6336

Portland Community College must follow all applicable state and federal laws (FERPA), rules and regulations that apply to student records. Therefore, all information contained in the college records which is personally identifiable to any student shall be kept confidential and not released except upon prior written consent of the student or upon the lawful subpoena or other order of a court of competent jurisdiction.

This release will be valid until the student invalidates it by completing a new form or deleting permissions online.

Student Information – Please Print Clearly

Name_____
First Name Middle Initial Last Name

Address: _____
Street Address

_____
City State Zip

Phone Number:_____

PCC ID or SSN: _____

Release Information to:

Name: _____

Address: _____
Street Address

_____
City State Zip

Phone Number: _____

Fax Number: _____

E-Mail: _____

Confidential Code:* _____

Name_____
Name Middle Initial Last Name

Address: _____
Street Address

_____
City State Zip

Phone Number: _____

Fax Number: _____

E-Mail: _____

Confidential Code: *

Please release the following records (check all that apply):

Specific records to be disclosed:

- ☐ Student Account
- ☐ Course Schedule
- ☐ Financial Aid
- ☐ Academic Transcript
- ☐ Graduation Date
- ☐ Phone& Address
- ☐ Enrollment Status
- ☐ Attendance
- ☐ Grades
- ☐ Academic Standing
- ☐ Degree Status

Other (Please list): _____

Restrictions (if any): _____

Purpose of disclosure (check all that apply):

- ☐ Employment
- ☐ Deferment
- ☐ Financial Assistance
- ☐ Housing
- ☐ Payment
- ☐ Scholarship
- ☐ Financial Aid
- ☐ Insurance
- ☐ Interpreter
- ☐ Other _____

If requested for an insurance verification, please provide the following information for the insured party:

Name: _____

ID Number: _____

***What is a Confidential Code?** This code allows the person you have listed to access your information if they contact the College. The code may be up to nine characters long. PCC will not release protected information over the phone unless the person can provide the confidential code.

TO SUBMIT:

In person: Bring to any campus admissions, registration or business office.

By Mail: **Admissions & Registration**
SY CC 201, P.O. Box 19000
Portland, OR 97280-0990

By Fax: See above.

I hereby authorize PCC to release confidential information about me contained in the College's records. I agree to hold PCC and its employees harmless for any unauthorized use of my student records obtained by the above named party.

Student Signature _____ **Date** _____